

For Walker

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031529

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 439

STATE FILE NUMBER

FILED SEP 11 1962

VS 300  
Rev. 4/59

0449  
83.50

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4 0

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9331X

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124-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived prior to admission: Residence before admission) a. STATE <u>Okla</u> b. COUNTY <u>Okla</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		c. CITY OR TOWN <u>Maize</u>	
c. FULL NAME OF (If not hospital, give location) <u>Greenman Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>229 E. N.W.</u>	
3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>F.</u> Last <u>OWENS</u>		4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1878</u>
9. AGE (in years, months, days) <u>84</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben F. Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Florence G. Owens</u>	
14. NAME OF HUSBAND OR WIFE <u>Leves Owens</u>		15. INFORMANT <u>Mrs M.F. Owens</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. ADDRESS <u>Maize, Okla</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary edema</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>?</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post operations Transurethral Prostatic Resection</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>2:00</u> a.m. <u>00</u> p.m. <u>00</u> Month, Day, Year <u>9-4-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. ADDRESS	
21. I attended the deceased from <u>Aug 27 1962</u> to <u>9-4-62</u> and last saw him alive on <u>9-4-62</u> Death occurred at <u>2:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Walker M.D.</u> (Degree or title)		22b. ADDRESS <u>Joplin Mo.</u>	
22c. DATE SIGNED <u>9-7-62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Q.A.R.</u>	
22e. LOCATION (City, town, or county) <u>Maize, Okla</u>		22f. REGISTRAR'S SIGNATURE <u>Dovie Merriam</u>	
22g. DATE RECD. BY LOCAL REG. <u>9-8-1962</u>		22h. FUNERAL DIRECTOR <u>Greenman Hosp</u>	
22i. ADDRESS <u>Maize, Okla</u>		22j. DATE RECD. BY LOCAL REG. <u>9-8-1962</u>	
22k. REGISTRAR'S SIGNATURE <u>Dovie Merriam</u>		22l. DATE RECD. BY LOCAL REG. <u>9-8-1962</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1962

Permit received Sept. 8-1962.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ <sup>did not Embalm</sup> by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.